

STATE OF SOUTH CAROLINA  
DEPARTMENT OF INSURANCE

Capitol Center, 1201 Main St., Suite 1000  
Columbia, SC 29201

PO Box 100105  
Columbia, SC 29202-3105

Page 1 of 1

**2006 FEE AND TAX RETURN FOR HEALTH MAINTENANCE ORGANIZATION**

**COMPANY CODE:**

**COMPANY:**

**NAIC CODE:**

Schedule 01 - South Carolina Fees (All HMOs)		
LINE NO	DESCRIPTION OF FEES	FEES DUE IN SOUTH CAROLINA
0101	Annual License Fee	1,000.00
	The above named Health Maintenance Organization is Authorized to write Accident and Health Business in the state of South Carolina. The Annual License Fee for a Health Maintenance Organization is \$1,000.00	
<b>0199</b>	<b>TOTAL AMOUNT OF FEES DUE WITH THIS RETURN</b>	<b>.00</b>

State of \_\_\_\_\_ County of \_\_\_\_\_

We, the undersigned officer of the insurer and person preparing this form for the above named company, being severally sworn each for himself deposes and says that this return, including any accompanying schedules and statements has been examined by him, and is to the best of his knowledge, information and belief, a true and correct return, made in good faith and complete in all applicable parts, for the taxable year stated, pursuant to the laws of the state of South Carolina.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public: Affix Seal

\_\_\_\_\_  
Officer of the Insurer

\_\_\_\_\_  
Person Preparing Fee & Tax Return

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date Commission Expires

\_\_\_\_\_  
Title

\_\_\_\_\_  
(Area Code) Telephone Number and Extension